

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	TD		3/16/00
O.I.P.E. CLASSIFIER		12	3/22/00
FORMALITY REVIEW	EW	64934	5800
RESPONSE FORMALITY REVIEW			

# INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
= ..... Allowed      I ..... Interference  
- (Through numeral) ... Canceled      A ..... Appeal  
÷ ..... Restricted      O ..... Objected

Claim	Final	Original	Date
1	X	1	
2	X	2	
3	X	3	
4	X	4	
5	X	5	
6	X	6	
7	X	7	
8	X	8	
9	X	9	
10	X	10	
11	X	11	
12	X	12	
13	X	13	
14	X	14	
15	X	15	
16	X	16	
17	X	17	
18	X	18	
19	X	19	
20	X	20	
21	X	21	
22	X	22	
23	X	23	
24	X	24	
25	X	25	
26	X	26	
27	X	27	
28	X	28	
29	X	29	
30	X	30	
31	X	31	
32	X	32	
33	X	33	
34	X	34	
35	X	35	
36	X	36	
37	X	37	
38	X	38	
39	X	39	
40	X	40	
41	X	41	
42	X	42	
43	X	43	
44	X	44	
45	X	45	
46	X	46	
47	X	47	
48	X	48	
49	X	49	
50	X	50	

Claim	Final	Original	Date
51	X	51	
52	X	52	
53	X	53	
54	X	54	
55	X	55	
56	X	56	
57	X	57	
58	X	58	
59	X	59	
60	X	60	
61	X	61	
62	X	62	
63	X	63	
64	X	64	
65	X	65	
66	X	66	
67	X	67	
68	X	68	
69	X	69	
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71	X	71	
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74	X	74	
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78	X	78	
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81	X	81	
82	X	82	
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88	X	88	
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90	X	90	
91	X	91	
92	X	92	
93	X	93	
94	X	94	
95	X	95	
96	X	96	
97	X	97	
98	X	98	
99	X	99	
100	X	100	

Claim	Final	Original	Date
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If more than 150 claims or 10 actions  
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